

PREGNANT PERSONS – COVID-19+ OR COVID-19+ EXPOSURE – SITE OF AMBULATORY CARE, MATERNITY CENTER PRECAUTIONS & CLEARANCE

In the context of the COVID-19 pandemic, significant effort is being exerted to prioritize persons that do and do not need to be seen for face-to-face care in both the ambulatory and inpatient environments. The same approach is being taken for perinatal women needing prenatal, antepartum, intrapartum, and postpartum care. An altered schedule of prenatal and postpartum care, and care delivery by telehealth, is being provided where appropriate. There are however, numerous components of care related to ultrasound imaging, laboratory evaluations, antenatal fetal surveillance, and of course labor and delivery that must continue to be performed face to face.

As the pandemic progresses, there are an increasing number of pregnant women who themselves have been identified as COVID-19+ and/or who have had a significant exposure to someone (e.g. cohabitating partner or other person(s)) who is COVID-19+.

Knowing that ALL pregnant women will need to have occasional face-to-face prenatal or postpartum care appointments and that ALL will have a hospitalization for delivery, we seek to define who will require further evaluation or accommodations to care. Defining this is particularly important for the inpatient environment as COVID-19+ status has implications for:

- (1) the patient via visitation policy considerations related to the operating room, shared decision-making regarding potential separation of mother and newborn, and breast milk feeding recommendations, and
- (2) the healthcare system via use of negative pressure rooms, PPE, designated clinic space and ORs, and general exposure considerations for a specialized caregiver workforce that is not easily substituted through redeployment efforts.

This document should be considered additionally in the context of:

- UMMHC Policies:
 - o COVID-19 Patient Care Plan for Management of Labor & Delivery
 - o Critical Care of Pregnant COVID-19 Patient
 - o Management of Hospitalized Persons Under Investigation for COVID-19
 - o Visitation Maternity Center Procedure
- CDC Guidance:
 - o Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings

COVID-19+ Pregnant Person (either by symptoms or test)

- **AMBULATORY:** A COVID-19+ pregnant person unless 'cleared' of infection via parameters indicated in box below should have prenatal care performed via telehealth where possible. Face-to-face evaluations should be delayed if the delay will not cause harm to the patient or fetus, or jeopardize information that is necessary for timely access to care and care options. If face-to face evaluation is required, they should be referred to the COVID+ cohorted ambulatory clinic for pregnant women (Telephone # 508-334-6388; see guidance documents on the Hub addressing how to refer persons in from provider offices with and without EMR) for general obstetric care and/or to the W4 maternal-fetal medicine ultrasound unit room 3 (negative pressure) if requires a level III ultrasound (e.g. anatomic survey, umbilical artery or middle cerebral artery doppler evaluation).

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- **INPATIENT:** A COVID-19+ pregnant person unless ‘cleared’ of infection via parameters indicated in box below should be treated as if she is a person under investigation (PUI)/COVID-19+ as per the UMMMC ‘COVID-19 Patient Care plan for Management of Labor & Delivery) and ‘Critical Care of Pregnant COVID-19 Patient’

Pregnant Persons with symptoms of COVID-19 with or without a positive test and were directed to care for themselves at home or were hospitalized, may discontinue isolation and precautions, and may attend prenatal care at usual site, and be cared for in labor & delivery as if negative without additional precautions, under the following conditions:

Symptom-based strategy

We will preferentially use a **symptom-based strategy** for discontinuation of transmission-based precautions on L&D and thus being ‘discharged’ from the COVID Ob/Gyn ambulatory cohort clinic:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **AND**
- improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND,**
- At least 10 days have passed *since symptoms first appeared*.

OR

Test-based strategy

If a test-based strategy is utilized, we will use a conservative CDC criteria interpretation and **test-based strategy** for discontinuation of transmission-based precautions on L&D and thus being ‘discharged’ from the COVID Ob/Gyn ambulatory cohort clinic:

- Resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (e.g, cough, shortness of breath); **AND**
- Negative results of an FDA emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected ≥ 24 hours apart (total of two negative specimens). First test to be performed **at least 14 days** have passed since symptoms first appeared.

Symptom based strategy is PREFERRED.

COVID-19 negative Pregnant Persons (either asymptomatic or with negative test) with confirmed COVID-19+ member of their household (e.g. partner, mother)

- If asymptomatic, recommend self-isolation including away from positive household member and monitor for 14 days for symptoms. During this time, ideally no face-to-face ambulatory or inpatient care is required. If it is,

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then treat as PUI. As a PUI, ambulatory care is provided in the COVID Ob/Gyn ambulatory cohort clinic (Telephone # 508-334-6388; see guidance documents on the Hub addressing how to refer persons in from provider offices with and without EMR) if primary provider unable to accommodate, and inpatient care is as per as per the UMMMC 'COVID-19 Patient Care plan for Management of Labor & Delivery.'

- Plan testing based on exposure or if symptoms develop, order and follow as noted in box above.

COVID+ labor support person can be taken off transmission-based precautions (will be allowed to accompany the pregnant person and newborn) following CDC guidelines if:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **AND**
- improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND,**
- At least 10 days have passed *since symptoms first appeared*.